

10-28-07 NEW

05-20533

DEADLINE 11-4-04
TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

NO LIMO 2
ON SITE / PREMISES

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: IMPERIAL Limousine & Transportation Services

BUSINESS STREET ADDRESS: 13850 SW 18th Ct. Davie ZIP 33325

BUSINESS MAILING ADDRESS: P.O. Box 550353 ZIP

BUSINESS PHONE: 954-475-0651

DESCRIBE TYPE OF BUSINESS: Transportation - No LIMO Rf this ADDRESS *Office Only*

BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>SAL VAN VANO</u>	<u>13850 SW 18th Ct.</u>	<u>Davie FL</u>	<u>954-475-0651</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 05, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

SAL VAN VANO Pres. _____
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>10/28/04</u> Category <u>02201</u> Fee Exempt per Sec. 13-13 Fee <u>121.55</u> Rec# <u>150900</u> New <input type="checkbox"/> Trans <input checked="" type="checkbox"/>	
License # <u>05-20533</u> Control # <u>16627</u> Zoning <u>R-1</u>	
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Zoning Approval <u>Yes</u> Date <u>11/2/04</u>	
Town Council Date _____ Approved _____ Denied _____	
Tabled To _____ Approved _____ Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL <u>50-40-15-01-0075</u> <u>7968</u>	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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